A SURVEY OF NURSING HOME SERVICE FOR NEGROES IN ATLANTA, GEORGIA

A THESIS

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CHAPTER I

INTRODUCTION

The problem of caring for the ill, especially the chronically ill, in the crowded, economically limited family setting has proved to be a tremendous burden. An illness of any severity with all its psychological facets, the abnormal financial strain together with the crowded conditions which Randall so vividly referred to had "devastating effects upon those emotional ties which give the family its social usefulness and strength."[1] This was especially true of a chronic illness which often required expensive and intensive treatment over a long or indefinite period of time.

Attention should be given to the fact that chronic illness effects every age not just the aged. Children were known to have cancer, tuberculosis, diabetes and cardiac conditions to such a severe and incapacitating degree that nursing care was necessary. The socio-economic and medical problems of caring for them were the same as those related to any other age. We found that medical authorities state,

> Although the prevalence of chronic diseases increases with age, and the progressive aging of our population is one of the factors responsible for the growing importance of the problem it must be borne in mind that chronic illness occurs at all ages. Fully one-half of the chronically

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[1] O. A. Randall, "Family in an Aging Population," Survey, LXXXVI (February, 1950), 67.

> ill are below the age of 45, and 16 per cent of them are under 25. More than three quarters are persons in the productive years from 15 to 64.[2]

Along with the fact that there were no age limits it was noted that there had been a substantial increase in the number of chronically ill. This increase had accompanied the increase in the average life-span. The development of better medical equipment, better methods of treatment of diseases and most of all growth in and improvement of diagnostic procedures and accuracy had given man approximately twenty more years of life expectancy. Persons forty-five years and over will comprise an increasingly larger proportion of the total population.[3] In view of this, might we not wonder about the need for more facilities to care for the "aging population" and its health care.

Some description of the present type of facilities used in caring for the ill in Atlanta was necessary at this point: variations of the following brief descriptions were noted but in this study these variations were not discussed. Since the emphasis of this study was placed on the extent of nursing home service available for Negroes in Atlanta, the following

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[2]Joint statement of Recommendations by the American Hospital Association, American Medical Association, American Public Health Association, and American Public Welfare Association, "Planning for the Chronically Ill," American Journal of Public Health, XXXVII (October, 1946), 1256.

[3]Frances Upsham, A Dynamic Approach to Illness (New York, 1949), pp. 159-168.

description would indicate what was meant by nursing home service or care.

Nursing homes were set up to give general nursing care to the ill. The service may be temporary or needed for an indefinite period. Dr. Kinnaman says that,

> A nursing home should be a safe, sanitary private or public medical care facility, operating under health department licensure and with the staff of a secondary hospital center. Personnel of a nursing home should be prepared by training and experience to render, under medical supervision, preventive, medical, health and social services, based on the total needs of sick, infirm, or handicapped persons, not requiring hospitalization. The goal of nursing home care should be to make opportunity for rehabilitation and whenever possible, resumption of a happy economically useful life in his own home.[4]

Dr. Kinnaman stressed the need to gear services to the patient according to the need. For example, a periodic review of active cases by the medical staff and the medical social worker regarding changes in the physical condition and needs which would indicate those who might need the service of a specialist or a hopsital work up, and those who may be suitable as a result of marked improvement for other plans of care. The patient may be ambulatory but non-stair climbing or semi-ambulatory with a cane or crutches or a wheel-chair patient or completely bedridden. The predominant problem of the individual in need of nursing home care was related to the physical infirmities, the loss of function of the extremities,

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[4]J. H. Kinnaman, "Nursing Home A Medical Care Facility," American Journal of Public Health, XXXIX (September, 1949), 1099

heart dieseases, chronic illness. The patients either lived alone or their relatives or friends were caring for them with extreme difficulty. Homes for the aged had as their main purpose supervised shelter for aged persons who fulfill specified physical requirements an admission such as the ability to ambulate without too much difficulty or assistance to a dining room and to the bathroom, the ability to dress one's self without assistance. The applicant must be fully continent and without evidence of psychosis. The bedridden, the cancer patient and the diabetic were usually rejected. There was usually a nurse, a physician, a social worker, a recreation worker and a religious leader on the staff. The number of persons on the staff would depend on the size of the home. Some of the homes had separate infirmary or hospital facilities. The physician for the home determined when the patient was in need of the more complete services of a regular hospital.

A boarding home was usually a private home where the person or couple in charge offers board and room. They were not responsible for assisting in the boarder's personal care. Placement in a boarding home was usually made on the basis of the fact that the person could no longer live alone, prepare his food, be responsible for the expenditure of money or the care of the home. They were often able to travel to clinics and to other points in the community for services. Griffin said that, "the degree of personal self-reliance called for in boarding house accommodations makes them undesirable for

the infirmary."[5] Most boarding homes were supervised by the local department of welfare.

The convalescent home offers care to the patient who had been hospitalized and continued to need care for a temporary period. The admissions were restricted in regard to diagnosis age, and physical or mental limitations. For example, there were some convalescent homes with limitations as to ages for cardiac patients. Few, if any, would accept patients who were sixty years and over. The premise upon which an application was often rejected was that the patient was chronically ill and the patient could not be expected to improve.

There was a growing demand for medical care and nursing services outside the home. Dr. J. H. Kinnaman wrote,

> Widespread support is developing for several basic concepts regarding care for chronically ill persons who can not or should not remain at home, and who do not require hospitalization. The total needs of long-term patients can be met only if homes for the aged, boarding convalescent, and nursing homes are available to them. Both tax-supported and privately owned facilities of these types are now generally insufficient to meet the demands for care outside the home and hospital. Some communities are now operating public nursing homes. Many other cities and counties are planning seedy facilities.[6]

Significance of the Study

A preliminary search of agency resources in the directory

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[5] J. J. Griffin, "Sheltered Care for the Aged in Massachusetts," Survey, LXXXI (December, 1945), 323.

[6] J. H. Kinnaman, op. cit., p. 1099.

of social agencies for Atlanta, Georgia did not list any nursing homes for Negroes. This might have indicated that a survey of the nursing home service would prove of value in interpreting to the community the need for this type of service. The study would be significant in that the discussion would clarify what was involved when it was stated that a person was in need of nursing home care in accordance with the specifications indicated in the introduction.

In view of the fact that the medical social worker served as a liaison in coordinating the medical social services in the community, it was important that the worker have adequate knowledge of how to interpret to the community a medical need if the worker was to aid in facilitating services to the client or patient.

This study would be of interest to individuals in organizations who would direct attention to and assist in the possible solution of the problem. It would give impetus to studies of the extent of nursing home care for Negroes in other metropolitan centers. Various comparisons of the extent of availability of this type and service to other types of services such as convalescent care and boarding home care for Negroes might be made.

Purpose of the Study

A. To determine the extent of care available to patients in need of nursing home care.

B. To learn the extent of need for nursing home facilities in Atlanta, Georgia.

C. To interpret the findings.

Method of Procedure

A schedule was prepared requesting the necessary information for the study -- see Appendix for schedule.

Conferences were arranged with the directors or supervisors of the following agencies in Atlanta, Georgia:

1. The Social Service Department of Grady Hospital
2. The Department of Public Welfare
3. The Visiting Nurse Service
4. The Happy Haven Home
5. The Fannie Dix Convalescent Home
6. Our Lady of Perpetual Help Free Cancer Home
7. The Department of Public Health
8. The Colored Catholic Clinic

These agencies were contacted in order to determine what was known from their contacts with their patients regarding the extent of need for nursing home care for Negroes.

The Social Service Department of Grady Hospital, Happy Haven Home, Visiting Nurse Service, Our Lady of Perpetual Help Free Cancer Home, Fannie Dix Convalescent Home, and the Colored Catholic Clinic were contacted in order to ascertain the number of cases known to them who needed nursing home care.

The Department of Public Welfare was contacted in order to

obtain a sample of cases which would indicate the need for nursing home care. This sample indicated other types of problems related to this need.

The Department of Public Health was contacted to ascertain current statistical data related to the need for nursing home services in Atlanta.

Scope and Limitations

The survey was limited to cases of Negro patients who were currently known to the social service department of Grady Hospital, the Visiting Nurse Service, the active cases of the Happy Haven Home and the Fannie Dix Convalescent Home who were in need of nursing care. Cases used from the mentioned agencies, except the Department of Public Welfare, are all of the currently active cases carried by the agencies as of February 1, 1954. The cases from the Department of Welfare comprised only a sample and were used in the study in this respect. All ages and sexes were represented in the study. The study was limited to Negro patients only.

CHAPTER II

A DISCUSSION OF THE AGENCIES CONTACTED IN REGARD TO THEIR SERVICES

The two facilities where nursing home care for Negroes was available would be discussed first. For convenience, the writer indicated the first facility visited as "A" and the second facility as "B." The "A" nursing home was located in a large one-floor, nine-room, white house which was somewhat rambling in appearance. The house was surrounded by a spacious lawn which was used by the patients in good weather. The agency had a bed capacity of thirty-four beds. There were thirty-two patients on the active list at the time the study was made. There was no waiting list as the manager had established the policy of filling available vacancies on a daily basis. According to the manager, so many emergencies arose in which immediate service was needed, she found this the best policy. The applicant's condition often became worse and the problem of caring for him became more difficult. These factors made it futile to try to have a waiting list. An average of four to five telephone calls a day for admission of Negroes and six to seven for whites were received requesting immediate admission because of an urgent need for nursing care. The manager claimed that she could hardly get the beds sterilized before it was necessary to admit someone. The staff of this home consisted of six persons including three practical nurses.

It was noted that there was an appearance of overcrowding. The staff of the home agreed that there was a need for more space in their agency and facilities for home nursing care in general. Lack of facilities made it necessary for the manager to accept many ambulatory patients when she would prefer to restrict their services to patients who needed bedside care. It was noted that the agency was a member of the Georgia Association of Nursing Homes and the American Association of Nursing Homes. Limited personnel, lack of workers and volunteers who could promote some type of occupational therapy made the job of caring for the ambulatory patients somewhat difficult.

The "B," or second home, had the use of three buildings, a brick structure, housing sixty-seven persons, a two-story frame building with a bed capacity for seventeen persons, and a one-story cottage housing nineteen persons. The total bed capacity was one hundred and three.

The following information of the 1953 budget indicated the purposes of the agency:

1. Care and hospitalization of chronically ill and aged persons 21 years of age and over, primarily the aged chronically ill.

2. A home for the indigent aged. Because of the aging and sickness of our first client admitted in 1947, the increasing number of ill is fast making our home a hospital for the chronically ill rather than a home for aging.

3. Promoting a program of rehabilitation, integration,

recreation and care.

4. To provide means of convalescent and rehabilitation of folk 21 years of age and over.

The program of the home provides for attendance to local churches by those patients who can make the trip, classes in craft, rug weaving and basketry were conducted through the Atlanta Recreation Department and volunteers of the Interdenominational Committee.

The staff consisted of thirty-one persons including the director, the assistant to the director, one registered nurse, ten practical nurses and eight orderlies. The "B" home had currently the requests for the admission of ten women and five men. Many emergency applications were made and necessitated immediate action. The manager of the "B" home indicated that he also averaged from four to five calls a day. He took a tally for a week and found that he had received twenty-five different requests. The manager indicated that he and his staff would like to see their plans for additional space materialize as the need for more space was increasing.

The limitations as to available nursing home service had been indicated to some extent. It was noted that no facilities -- even on a very meager basis -- were available to Negro children or minors under 21 years of age who were in need of nursing home care or who were chronically ill. According to Dr. James F. Hackney, Deputy Commissioner of the Department of Public Health, the need for nursing home care for both white

and Negro persons was a well known fact. His office received numerous requests for help in placement which they could by no means fill. He hoped to be able to extend the services by means of additional public grants.

The story of how the "B" home was started was the best indication that the need for nursing home care in Atlanta -- especially for Negroes -- had been and still is urgent. In February, 1946, a group of Negro church women met to discuss the need for better care of the aged people. This group of women were particularly concerned regarding the neglect and poor care given to the chronically ill. They informed the Interdenominational Committee to House the Aged.

The group's interest was given further impetus and the public's great concern was aroused by a feature story in the Atlanta Journal in September, 1946, describing horrible conditions affecting both white and Negro aged persons.[7] In a conference regarding the purpose of this study the chairman stated that persons with tuberculosis were housed in the metal temporary shelters on the property of the Negro nursing home described in the article. Dirt floors and flies were in evidence from reports of observers and in the enlarged pictures in the newspapers. Conferences with members of the Interdenominational Committee to House the Aged have resulted in the same story.

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[7]Margaret Shannon, Editorial, The Atlanta Journal September 29, 1946.

Information from a historical sketch of the development of the "B" home brought out the fact that immediately after the feature article was released, the City Building Inspector served notice on a realty company which had charge of the property which served Negro aged persons, that wood and metal buildings on the lot had been condemned and work on tearing them down must begin within thirty days.

At the same time, the City Health Officer served notice on the Negro operator of the home that it must be put in sanitary condition or closed in thirty days. A similar statement was issued by the City Health Engineer who said that conditions at the home were so bad that they could not possibly be corrected and the establishment would have to be closed. The building Inspector issued a subsequent statement to the effect that he would insist that every bit of the building be burned as they were torn down.

As a result of the publicity on this nursing home, the Executive Director of the Community Planning Council called a meeting in order to discuss ways of approaching the problem. The establishment of the "B" home is a result of this effort to take action regarding the need.

Another home contacted by the writer was the Free Cancer Home where the writer spoke with the Mother Superior in order to learn more definitely what their services might be. It was of interest to find that they accepted only terminal cancer patients of any faith who needed nursing care. The patients,

because of their diagnosis, were not suitable persons for a nursing home. The patients usually lived alone or the problem of caring for them caused a tremendous emotional and financial strain on their families and friends. Prior to their admission to the home the patients have struggled along with minor clinic care and meager services in their homes or living quarters with the help of family and friends. No statistical information or records were available. This statement was based on the information given to the Sisters by the patients. It was exceedingly interesting to note that there had been young children admitted to this home. The youngest admission was a two-year old child. These children were severely in need of regular nursing care even though they were not hospital patients. The traumatic experience of caring for the children was too much for the parents. One little girl had a terrible cancerous lesion on her face which gradually became so repulsive in appearance that the mother could no longer continue to care for the child. It must be remembered that many nursing homes were not opened to terminal cancer patients and this home was the only alternative left. It must also be remembered that the majority of the patients in this home were from 20 years to 80 years and placement for this child away from her parents in a very religious -- almost hospital type of setting must have been a big psychological experience for her even though the Sisters loved her and gave her as much kindness, attention and assurance as they could.

Further clearance regarding facilities for Negroes of the Catholic faith was made through contact with the Sister in charge of the colored Catholic Clinic. The criteria and purposes of the study were indicated to the Sister in charge. She stated that there was a need for nursing home services for Negroes of the Catholic faith although her observation indicated that it was not so extensive as that which would be found among Protestants since the proportion of Negro Catholics in Atlanta was so very much smaller than that of the Protestants. She reported that there had been little or no help given to them through public funds. She was only able to suggest that the families get neighbors and friends to help. The clinic had four beds which were used primarily for hospital service to the acutely ill. The Sisters may go into the home of a surgical patient or an acutely ill medical patient and give care but there was no specific religious order such as the Sisters of Charity, nuns who gave nursing home service which could be relied on for help. The clinic was managed under the auspices of the Bishop's Parish on a private basis.

The above information was significant in that it was noted that all but thirteen of the patients whose records were reviewed were Protestants. Of this number three indicated no religious preference and no record of the religious faith was obtained on nine -- see Table 2.

To clarify the question regarding what the Protestant ministers might know regarding the extent of need for nursing

home care for Negroes in Atlanta and the facilities that were available, seven members of the profession were contacted.[8] The following points were indicated:

1. No specific organization in any of the churches rendered home care services. There were missionary activities as far as the sick or shut-in were concerned but these services were specifically of a religious nature, not actually in giving care.

2. The cases of chronic illnesses or illnesses which require a long period for recovery which might be known to the ministers were cared for by the families or by the patients' friends. It was possible that the care of the sick persons of this type would cause a hardship but information to this effect which would be substantial and valid was not available. It was indicated that many families would endure terrific hardship rather than request help in placement. They were not able to face the feeling that they might be committing a sin and dishonor to the ill or aged in considering placement. Some could not face the fact that placement in their opinion was synonomous with the inability to solve ones own problems.

3. Instances wherein requests for help in caring for the ill -- eligible for nursing home care -- the patient and the family were referred to the two facilities which have been previously mentioned -- the "A" and "B" homes.

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[8]The Interdenominational Ministerial Alliance.

4. The ministers were greatly impressed with the crowded conditions in these two facilities and felt that there was a great need for expansion of nursing home care services. They were quick to state that they did and would continue to ask for their church membership's support of these two facilities and any worthy plan for the development of other facilities which had as its purpose to give help with this problem.

5. Financial help for the shut-in or the ill was dependent on a small collection -- probably on the first Sunday of the month. This money was spread rather thinly over a wide area.

A view of the Department of Public Welfare in any large city is an interesting -- rather surprising experience. The tremendous amount of work which has to be done on short notice in giving service to the large number of old age assistance cases causes much thought. Illness was often the source for immediate action. Quite often the clients were sent to the county almshouse as a last resort because a place in either the "A" or "B" home was not available. The unit was so large that the time limit for this study would not permit the undertaking of such a study in this agency. However, it would be an interesting study to see what does exist. In this study a sample of three cases from the Department of Public Welfare will be discussed in a later chapter to indicate the type of nursing home problems that agency was confronted with and how real the extent of need was.

The Visiting Nurse Service, another agency visited by the

writer, was unique in knowing clearly what and how extensive the need for care to the ill -- especially the chronically ill was.

The nurse gave bedside care and medication in the patient's home in accordance with the doctor's orders. There was a payment stipulation which may be modified in accordance with the financial needs. Most of the patients were cared for on a free basis with the cost being covered through the Community Chest. The nine cases used in this study from this agency would give a vivid picture of the need for continuous nursing care service in a nursing home.

The greatest length of time a visiting nurse was permitted with a patient was two hours. What happens to the patient during the rest of the day was a matter for conjecture as no one but the patient could answer that question specifically. Suppositions could only be made. The nurses advise that they sought help from neighbors until placement could be effected by constant follow-up of a referral.

As previously stated, the writer also visited the Social Service Department of Grady Hospital as another institution which might have some source of information for the study. Like most social service departments of hospitals, the Grady Social Service Department rendered many services to the patient who may have been referred to the office or come in because of some need. The emphasis at the moment was on the activity regarding a need for nursing home care. The Social

Service worker was contacted by the doctors on the ward when help in planning with a patient or the patient's family for the patient outside the hospital setting was needed. The doctor might have felt that there was nothing more that the hospital could do for the patient and nursing home service was required. From another standpoint showing the need for nursing home service, the doctor in the admission section of the hospital might have found that the patient was chronically ill and would not admit him to the hospital. The doctor would ask the social service department to give assistance in making the proper arrangements for care. If a patient was in financial need along with the need for nursing home care, he was referred to the Department of Public Welfare for assistance and subsequent placement for care.

CHAPTER III

CHARACTERISTICS OF PATIENTS STUDIED

The following chapter will show in the findings of this study there was a definite relationship between age and illness.

Age with its accompanying illness, phsycial and financial dependency as well as the need for nursing home care were subjects to be considered in showing the characteristics of the patients studied. The relationship of these factors to the need for nursing home care for the patient will also be shown.

TABLE 1

AGE AND SEX OF THE PATIENTS STUDIED

Age	Total	Per Cent	Male	Per Cent	Female	Per Cent
Total	114	100	38	100	76	100
30 - 39	2	1.7	0	0	2	2.8
40 - 49	4	3.5	1	2.	3	3.9
50 - 59	15	13.2	4	10.	11	14.5
60 - 69	34	29.8	14	37.	20	27.3
70 - 79	27	23.7	9	23.	18	23.7
80 - 89	17	15.0	6	16.	11	14.5
90 - 99	4	3.5	2	5.	2	2.8
100 - 109	2	1.7	1	2.	1	1.3
No Record	9	7.9	2	5.	7	9.2

The total number of cases used in this study were one hundred and fourteen. Of this number thirty-eight or 33.3 per cent of the cases were male patients and seventy-six or 66.7 per cent were female patients. Thirty-four patients or 29.8 per cent of the total number studied were between sixty to seventy years of age and twenty-seven patients or 23.7 per cent of the total number studied were in the age group of seventy to eighty. It was significant to note that two of the total number of patients were between one hundred and one hundred and nine years of age -- a male patient was one hundred and two years of age and a woman patient was one hundred and four.

The extremes in age levels indicated that the need for nursing home care could apply to any age even though the larger percentages of persons needing this type of care were between the ages of sixty and eighty years of age. Table 1 indicated that this observation applied to both the total number of men and the total number of women studied. Table 1 also indicated that there were more younger women than men. The fact that there was a total of seventeen between the ages of eighty to eighty-nine was interesting in that with such a small sample of cases there were indications that people were living longer. Gilbert in her book, Understanding Old Age, discussed fully the great increase in the human life span,[9]

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[9]Jeanne G. Gilbert, Understanding Old Age (New York, 1952), p. 8.

Longevity, as it appeared in this study, was certainly related to the problem of caring for the chronically ill.

Table 2 showed that of the total number of cases studied the majority or one hundred and one were Protestants. Three women indicated that they had no religious affiliations. Information regarding the religion of ten of the total number of patients could not be obtained. The importance these figures have on the bearing of this study had, to some extent, been discussed in the previous chapter. The total number of Negro Catholics in Atlanta was very small in proportion to the number of Negroes of the Protestant church and no Negro Catholics were found among the patients studied. There was only one small Negro Catholic Parish in Atlanta.

TABLE 2

RELIGIOUS PREFERENCE OF PATIENTS STUDIED ACCORDING TO SEX

Religion	Total	Male	Female
Total	114	38	76
Catholic	0	0	0
Protestant	101	36	65
No Religious Preference	3	0	3
No Record	10	1	9

The greatest number of admissions to the "A" nursing home for nursing home care since 1946 was in 1953. Eleven persons

TABLE 3

YEAR OF ADMISSION FOR TOTAL NUMBER OF PATIENTS ADMITTED TO HOMES "A" AND "B"

Year	Total	Number in "A" and "B"		Number in "A"		Number in "B"	
		Male	Female	Male	Female	Male	Female
Total	100*	35	65	6	25	29	40
1946	1	0	1	0	1	0	0
1947	6	2	4	0	0	2	4
1948	5	0	5	0	0	0	5
1949	6	3	3	0	0	3	3
1950	11	3	8	0	5	3	3
1951	13	5	8	0	4	5	4
1952	20	10	10	2	5	8	5
1953	26	10	16	3	8	7	8
Since Jan, 1954 to 2/1/54	12	2	10	1	2	1	8

*Note that the total number of cases studied is 114 and the total number of patients of this number who were admitted to Homes "A" and "B" was 100. The 14 non-institutionalized patients will be discussed in a later chapter.

were admitted for this service. Three were male patients and eight were female patients. The greatest number of admissions to the "B" home for nursing home care was in 1953 also when fifteen patients, seven men and eight women, were admitted for this service. Table 3 shows that for both the "A" and "B" homes, figures stating the number of admissions for 1952 warranted consideration as to size. Note also, that there was a definite, steady increase of admission for nursing home care since 1950. This was a significant indication that there was an increase in the number of cases needing this service. Note in this table also the large figure of nine admissions for nursing home service from January 1954 to February 1, 1954. The need for this care was felt very early in this year. The year 1946 was selected as the first year for listing the number of admissions to home "A" and "B" because that was the year the "B" home was opened.

It was found that the total number of active cases in the "A" home was thirty-two. One case, a female patient, was not included in this study as she now needed only custodial care as a result of her improved condition. There was no medical problem.

The total number of persons in the "B" home was one hundred and three. Sixty-nine of this number were included in the total number of cases studied on the basis of needing nursing home service. Thirty-four persons were not included in the study. This figure was significant in that it indicated

TABLE 4

TYPE OF AMBULATION OF TOTAL NUMBER OF PATIENTS

Types of Ambulation		No. of Patient's Studied			No. Patients in "A" and "B" Homes			No. Patients not institutionalized		
		Total	Male	Female	Total	Male	Female	Total	Male	Female
Total		114	38	76	100	35	65	14	3	11
Ambulates	With Assistance	7	2	5	5	2	3	2	0	2
	Without Assistance	31	9	22	30	9	21	1	0	1
Patient Uses	Cane	32	13	19	31	12	19	1	1	0
	Crutches	1	1	0	1	1	0	0	0	0
	Wheelchair	24	8	16	20	7	13	4	1	3
Patient is bedridden		18	4	14	13	4	9	5	0	5
No Record		1	1	0	0	0	0	1	1	0

that the "B" home admitted persons in need of custodial care.

One of the criteria for establishing the need for nursing home care was the patient's ability or disability to ambulate. Consideration of his method of ambulation together with the degree of help needed was important. Table 4 showed that of the total number of patients studied eighteen were bedridden. It was interesting to note that thirteen of the bedridden patients were patients in the "A" and "B" nursing homes. Five of these eighteen patients had not yet been admitted to the nursing homes even though their condition indicated a need for this service. A vacancy for these patients had not been available. The Table also showed that of the total number of persons studied twenty-four were wheelchair patients. Twenty of this number were in the nursing home and four were waiting placement. The problems relating to the care of these non-institutionalized patients will be discussed more fully in a later chapter.

It was noted that of the total number of patients studied seven had to have assistance in walking. Only thirty-one persons could ambulate to a satisfactory degree without help or the use of some appliance. Observation indicated that the thirty-one persons were usually slow and often unsteady of gait. To live alone or function satisfactorily without care and supervision would have been impossible. Even though it was possible for them to ambulate they were included in this study on the basis of a medical need. For example, one male

patient was able to ambulate to a fair degree, take care of his personal needs without assistance but under the supervision of a staff person, but he needed insulin daily and a nurse's supervision of his diet. There had been great difficulty for a long period in controlling the diabetes.

A second criteria for consideration as to evidence of a person's need for nursing home care was the patient's ability to care for his personal needs. Table 5 gives this information under four divisions -- dressing, independence or dependence in earing, bathing and bowell and bladder control. Note that the larger number of patients -- men and women -- required help with dressing and with bathing. The interpretation of partial incontinence as posted in this table meant that the patient had fair control of bladder and bowel functioning and the "accidents" were occasional. Total incontinence indicated that there was complete lack of bowel and bladder control.

TABLE 5

PERSONAL CARE REQUIRED BY TOTAL NUMBER OF PATIENTS IN HOMES "A" AND "B"

Sex	Total	Dresses			Feeds Self			Bathes			Continence			
		With Help	Without Help	No Record	With Help	Without Help	No Record	With Help	Without Help	No Record	Continent	Incontinent: Partially	Incontinent: Totally	No Record
Total	114	86	18	10	21	83	10	87	17	10	62	19	21	12
Male	38	27	8	3	3	32	3	28	7	3	22	7	5	4
Female	76	59	10	7	18	51	7	59	10	7	40	12	16	8

CHAPTER IV

THE ECONOMIC, SOCIAL AND MEDICAL ASPECTS SHOWING THE NEED FOR NURSING HOME CARE

Economic Aspects

Illness of any kind was closely related to some form of economic or social need. This was well demonstrated in the fact that the majority of the cases studied were known to the Department of Welfare and received their support or rather payment for their care through that source. Table 6 shows that of the total number of 114 cases studied, twenty-three patients received Aid to the Permanently and Totally Disabled. This same table shows that there was a total of twenty-one of the thirty-one patients studied in the "A" home receiving Old Age Assistance and three were receiving money from private sources (former employers or relatives) to cover the cost of care. There was a total of forty-nine of the sixty-nine patients studied in the "B" home receiving Old Age Assistance, fifteen were receiving Aid to the Permanently and Totally Disabled, one was receiving Aid to the Bline and four were receiving money from private sources or relatives to cover the cost of care. This information was significant in that it indicated the relationship which age and illness have in this study of the need for nursing home care. The increasing number of aged was within itself a significant factor but the fact that they were found to be without resources of their own -- dependent

TABLE 6

MEANS OF INCOME FOR TOTAL NUMBER OF PATIENTS STUDIED

Type of Assistance	Total	Total No. of Cases Studied				Total	Patients in "A" Home				Total	Patients in "B" Home				Total	Patients not Institutionalized			
		O.A.A.[a]	A.D.[b]	A.B.[c]	Private		O.A.A.	A.D.	A.B.	Private		O.A.A.	A.D.	A.B.	Private		O.A.A.	A.D.	A.B.	Private
Total	114	73	23	1	17	31	21	7	0	3	69	49	15	1	4	14	3	1	0	10
Male	38	28	8	0	2	6	6	0	0	0	29	21	8	0	0	3	1	0	0	2
Female	76	45	15	1	15	25	15	7	0	3	40	28	7	1	4	11	2	1	0	8

[a] O.A.A. - Old Age Assistance
[b] A.D. - Aid to the Permanently and Totally Disabled
[c] A.B. - Aid to the Blind

upon public funds -- could have much bearing on how they felt or the loss of a sense of well-being and the accompanying loss of independence or security. Even in instances where there were children, financial obligations to their families prevented them from assuming the financial responsibilities of their parents. The procedure of clarifying the eligibility for public assistance under one of the three categories required that the financial inability of the children to care for their parents be established. The physical ability to work or the working life span of the individual had decreased in proportion to the total life span. This fact is vividly brought out in the book entitled, The Second Forty Years.[10] A review of the twenty-three Aid to the Permanently and Totally Disabled cases indicated that there were no opportunities such as savings or insurances to cover the cost of illness of any kind not to mention chronic illness, the permanently disabling illnesses associated with eligibility for this category. It was noted that the files of the "B" home indicated that most of the patients studied were known to the city hospital out-patient department or to the social service department of that hospital. This showed that prior to their admission to the "B" home they were unable, or very limited, in their ability to pay for medical care.

A review of the cases studied from the Visiting Nurse Service

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[10]E. J. Stieglitz, The Second Forty Years (Philadelphia, 1946), pp. 1-20.

showed that there was one case where the patient's relatives had to leave the patient alone most of the day in order to work and support herself and the patient. The situation was so acute that a private agency was requested to assist with the problem. It was necessary for that agency to cover the cost of paying someone to go in and prepare the patient's lunch.

Relatives of two of the patients known to the Visiting Nurse Service who were studied had to leave their jobs in order to care for the patients. There was no money and public assistance had to be accepted.

Both of the cases from Grady Social Service Department very clearly illustrated the problem of financial dependency as it related to illness. The relative of one of the patients studied was in need of a major operation at an early date for a condition which had steadily grown worse. The financial need had intensified the relative's physical condition and the problem of caring for the patient. The relative hesitated to agree to a date for admission to the hospital because of the poor financial circumstances and her feeling of responsibility for the care of the patient. The relatives of the other patient had to work to care for family responsibilities. One of the patients studied from the Department of Welfare was in need of Nursing Home Care as he was barely able to get about. There were twelve persons in this apartment including eight children. The care of the patient in this crowded setting was difficult.

Social Aspects

It was interesting to note on the application blanks of the patients studied in "B" home the frequency of the statement that the patient lived alone and was in need of care. A review of the cases studied from the Visiting Nurse Service showed that patients lived alone. One of the patients living alone was medically ordered to remain in bed.

> In this instance, upon visiting the patient in her home, the Visiting Nurse found the patient in a cold house and having been without a meal for some time. The patient was unable to prepare her meals or to get out of bed. Over and beyond the call of duty and because of the human aspects, in this instance, the visiting nurse prepared a meal for the patient and made a fire in the house. The nurse also obtained the help of neighbors in caring for the patient until the Nursing Service could help the patient make more permanent plans for her care.

The nurses emphatically agreed with Randall's statement that "the solitary animal in any species is an abnormal creature,"[11] especially when that aloneness is accompanied by the type of illness and conditions which they need. The above case is but an example of one patient in such circumstances, but the nurses stated that there are quire a few others and that there is a great need for nursing home care.

Another case illustration was that of a very elderly woman who lived alone except for her dogs.

> This patient had been ill in the hospital at which time the need for nursing home care had been suggested to her. The patient felt that she could not accept such care because she did not want to leave her dogs which had been her only companions for years. Thus, she, at that time, refused nursing home services and returned to her own home.
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> Gradually her condition grew worse and she became

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[11] Randall, op. cit., p. 72.

> unable to care for herself or the dogs. The dogs were taken away from her and this naturally upset her greatly.
>
> The visiting nurse had been seeing the patient frequently and finally helped the patient to accept the need for nursing home care. However, when the patient did agree to this, there were no beds available at the nursing home. Thus, it was necessary for this patient, with the intermittant help of neighbors, to remain at home, unable to care for herself for a period of months. During this time, however, the visiting nurse made frequent visits to the patient. Each time the nurse arrived at the home, she found the patient still packed and waiting for a vacancy in a nursing home.

How many other elderly sick persons are there in this plight in the community? Currently, there are only two nursing homes caring for a total number of one hundred non-white persons in need of nursing home care. With a population in 1950 of 8,211 non-white persons over sixty-five years of age in Atlanta,[12] the question of the possible need for care of others in the population is outstanding. Might this not also indicate a need for more facilities for nursing home care? It was interesting to note that Mr. David Ragan stated that as of May 1953 there was a total population of 22,689 sixty-five years of age and over. There were seven hundred and sixty-two persons in eight private nursing homes. This number included the seventy Negroes in the county almshouse.[13] He understood that these seventy patients were in need of nursing

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[12]"A Look At the Figures" (Atlanta, Georgia, Metropolitan Atlanta Community Service, Inc., Planning Division, 1953), p. 3. (Mimeographed.)

[13]Interview with Mr. David Ragan, Secretary of Health and Hospital Section (Metropolitan Atlanta Community Services, Inc, Atlanta, Georgia, April 13, 1954).

nursing home care. Two hundred of the total number were bed-ridden, two hundred and twenty-four were semi-ambulatory, and three hundred and thirty-eight were ambulatory. He noted that in all there were thirty-five private nursing homes with a bed capacity of five hundred beds.

Another typical situation faced by the visiting nurse which indicated a need for nursing home care was the very ill patient who lived with her married daughter, her husband and their four children -- one school child, two pre-school children and one infant -- in a two-room basement apartment. Another situation reviewed was that of a ninety-one-year-old patient who was left alone most of the day as patient lived alone. She was partially cared for by a granddaughter. The nurse reported that the patient was totally incontinent of feces and urine and was badly in need of attention. The patient was waiting for a vacancy in the nursing home for about three or four months.

In one case studied the visiting nurse reported that it was necessary for her to go next door for hot water in order to prepare the necessary dressings. There were not a few situations where the water supply (a cold water faucet) and the toilet were outside of the house and caring for the patient was extremely inconvenient.

Table 7 shows that a total of five of the fourteen non-institutionalized patients lived alone. This table also indicated in chart form the type of social problems found in

TABLE 7

SOCIAL PROBLEMS ACCORDING TO LIVING ARRANGEMENTS PRESENTED BY ALL NON-INSTITUTIONALIZED PATIENTS STUDIED

Case Number	Current Living Arrangement		Living with Relatives Who Work	Living With Relatives but Pose a Problem		
	Alone	With Family		Finance	Housing Space	Family Relationship
Total	5	9	2	5	4	3
1		X	X			
2	X				X	
3		X		X		
4		X		X		
5	X					
6		X		X	X	X
7	X					
8	X					
9		X		X	X	X
10		X	X			
11		X				
12	X					
13		X				
14		X		X	X	X

the cases of the non-institutionalized patients studied. Two of these patients lived with their relatives who worked and the patient was left without care. Five of the patients lived with their relatives and were additions to the financial burden. In four of the cases there was difficulty due to lack of adequate space for the patient. The presence of three of the patients in the homes of relatives caused strained relationships.

Bartlett discussed the social factors as they related to illness and indicated that there were many manifications of the subject. Many cases with many differences could be cited indefinitely. She implied that there was no separation of the social, economic, emotional factor from illness.[14]

Medical Aspects

The major diagnostic categories of patients studied were found in Table 8. This was a classification which follows closely the classification of diseases considered disabling within the definition of the Aid to the Permanently and Totally Disabled eligibility.[15] A chronic or disabling illness may be accompanied by one or more other diagnoses. This table indicated the number of persons with a diagnosis within a specified category. A patient may belong in one or more categories.

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[14]Harriett Bartlett, Some Aspects of Social Casework in a Medical Setting (Chicago, 1940), p. 118.

[15]Department of Public Welfare, New York City, Procedure Number LI - 28 A, pp. 13-20.

TABLE 8

MAJOR DIAGNOSTIC CATEGORIES OF PATIENTS STUDIED

Category of Diseases		Total	Male	Female
	Total*	263	81	182
Disease of the Eyes	Complete blindness	4	2	2
	Partial blindness	10	2	8
Genito-Urinary		8	6	2
Diseases of the Extremeties (including amputations and Pagets disease)		14	8	6
Cardiac		62	13	49
Diseases of the Skin (chronic-non-infectious		1	0	1
Diseases of the Joints		13	8	5
Diseases of the Nervous System		10	1	9
Diabetes		8	4	4
Diseases of the Vascular system		108	28	80
Disease of the Ears including Deafness		2	1	1
Disease of the Abdominal Visera and Adominal Walls		2	2	0
Diseases of Malnutrition		10	2	8
Diseases of the Lungs and Chest Walls Excluding Tuberculosis		11	4	7

*All diagnosas of the one-hundred and fourteen patients studied were given and in many instances a patient was counted in more than one category.

It was noted that the category with the largest number of diagnoses, one hundred and eight, was the category of the diseases of the vascular system. Within this category were included the diseases such as, general arteriosclerosis, thrombophlebitis, varicose veins, cerebral thrombosis, arteriosclerosis of the aorta, coronary arteriosclerosis and hypertension. The second largest category of diseases was the cardiac diseases. There were sixty-two total diagnosis of which thirteen for male patients and forty-nine for female patients. Jeanne Gilbert considered that the vascular and cardiac categories were closely related. She stated,

> Heart and circulatory disorders constitute the most prevalent group of all disorders of older persons, they probably disable more than any other disorder in later maturity and are responsible for about half the deaths of older persons. They also complicate the picture in many other diseases of the aged.[16]

Miss Gilbert also pointed out the fact that anxiety, emotional resistance to a life situation could intensify a cardiac or a vascular condition. It was interesting that there was such a large number of cardio-vascular diagnosas found in this study. This figure showed that there were dynamic economic and social aspects to illness and that the factors were closely related to the illness of the patient. It was also interesting that the findings in Table 8 showed that a larger number of women had cardiac diseases than men. This finding was in accord

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[16]Jeanne Gilbert, op. cit., pp. 193-194.

with Miss Gilbert's statement.[17]

There were fourteen diagnoses of diseases of the extremities. This number included the cases of the two single amputations of the lower extremities, the three double amputations of the lower limbs and one severe case of Pagets disease, a disease in which there was a loss of bone minerals and the resulting deformities and bowing of the extremities to the extent that it was difficult for the limbs to bear weight. The diseases of the extremities were considered by most doctors to be also a part of the aging process, an indication that there was some degeneration and loss of tissue elasticity present.

Prevalence of physical or tissue changes in the aged was also seen in the fact that there was a large number of diagnoses under the category of lung diseases. The diagnoses included under this category were enphysema, chronic bronchitis, recurrent pneumonitis, bronchiectases, and fibrosis of the lungs.

Diseases of the joints include osteoarthritis, rheumatoid arthritis, and hypertropherc arthritis. Diseases of the joints are considered extremely debilitating, limiting and often very painful.

It was usually very difficult for the older person to accept the limitations and pain imposed by the disease. The treatment was slow and monotonous and quite often the patient became greatly discouraged as a result of the deformity or

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[17] Ibid.

crippling results of the disease. With these physical changes, the increase of physical limitations, there was the development of social and economic problems which became acute and greatly intensified the illness to the extent, as in these cases, that nursing home care was needed. It may be restated at this point that in considering what indicated a need for nursing home service, all of the aspects of the problem -- physical, economic, social and medical -- should be considered as to their relationship to the whole. They were closely interwoven and should not be viewed as separate entities.

Table 9 gives a picture of the status of health for all the cases studied. Of the total number of one hundred and fourteen studied, one-hundred of the patients had poor prognosis. They were chronically ill and no improvement was expected. Four persons had fair prognoses, meaning that a small amount of improvement was possible or expected but partial or complete recovery could not be expected. One of the persons with a fair prognosis was a male patient who had frequent epileptic seizures as a result of a severe brain injury which necessitated the removal of the damaged brain tissue. It was hoped that with care and treatment that the seizures would be a little less frequent and the patient would be a little more comfortable and independent of personal help. The treatment would probably help to make him feel a little less anxious.

The case with the good diagnosis was the male patient age forty-five with diabetes, previously mentioned in this

TABLE 9

PROGNOSIS ACCORDING TO SEX FOR TOTAL NUMBER OF PATIENTS STUDIED

Prognosis		Total	Male	Female
	Total	114	38	76
Good	Partial Recovery Expected	1	1	0
	Complete Recovery Expected	0	0	0
Fair		4	4	0
Poor		100	30	70
No Record		9	3	6

study. The attending physician had hopes of eventually controlling this patient's diabetic condition with the nurse's help and the increased understanding on the part of the patient.

The figures in Table 9 were significant in that they added another indication to the others that nursing home care was needed to a substantial degree. All but one of the patients studied required care for an indefinite period as partial or complete recovery was not expected in these cases.

CHAPTER V

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

This study indicated that there had been and still is a need for nursing home care. It was noted that since 1950, there had been a steady, very definite increase, in the number of admissions to the "A" and "B" homes, the only two facilities available to Negroes for nursing home care. It was found that in 1950 five of the total number of patients studied were admitted to the "A" home and six were admitted to the "B" home. In 1953, there were eleven of the total number of patients studied admitted to the "A" home and fifteen admitted to the "B" home. Along with the large increase in the number of admissions there were four to five telephone calls a day received by both the "A" and "B" homes to apply for admission. It was seen that the age levels of the patients studied indicated that chronic illnesses effect any age since some of the patients were young enough to be included in the age level of thirty to thirty-nine years of age. The largest percentage, 29.8 per cent, was from sixty to sixty-nine years of age. Man's increase in longevity and increase in the number of the chronically ill ran true to the general statistics.

The general need for an increase in the number of or expansion of present facilities for care of the aged patient outside the hospital was well brought out by Griffin when he said,

> The relatively few institutions at our command are over-crowded and undermanned. Public and private hospitals are struggling under nearly overwhelming emergency burdens. The degree of personal, self-reliance called for in boarding home accommodations make them undesirable for the infirm. Placement with relatives has become an exceptional possibility due to apartment living and the increased employment of the younger women of families.[18]

This study illustrated that there was a need for nursing home care by giving the following information.

1. Of the total number of patients studied, eighteen were bedridden; five of the eighteen patients were waiting for a vacancy in the "A" or "B" home.

2. It was found that sixty-four of the patients included in the study were not satisfactorily ambulatory. These patients had to have the help of a staff person in getting about or used a cane, crutches, or wheelchair to such a degree that personal care was necessary.

3. Each of the one hundred and fourteen patients studied had a chronic illness or condition. Eighty-six needed help with dressing; twenty-one needed help with feeding; eighty-seven needed help with bathing; nineteen were partially incontinent and twenty-one were totally incontinent.

4. Seventy-three of the patients studied received Old Age Assistance. This figure indicated a relationship between age, financial dependency and the need for nursing home care. It was significant that twenty-three of the patients received Aid

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[18]J. J. Griffin, op. cit., p. 323.

to the Permanently and Totally Disabled and that only seventeen received help from private sources. The large number of patients receiving Aid to the Permanently and Totally Disabled further substantiated the fact that there was a need for nursing home care services for persons under sixty-five years of age and that illness and financial dependency were closely related.

5. It was found that each of the one hundred and fourteen patients had one or more diagnoses and as a result could be included in more than one diagnostic category. The largest number of diagnoses obtained of the total of two hundred and sixty-two diagnoses, was in the diagnostic category of diseases of the vascular system of which there were two hundred and eight. Second to this number was the category of cardiac diseases. The third largest category was diseases of the joints. This indicated that loss of tissue elasticity, tissue degeneration or abnormal tissue changes of a severe and disabling nature were closely related to the need for nursing home care.

6. It was significant that of the total number of one hundred and fourteen patients studied, one hundred had poor prognoses, indicating that they were in need of care of an indefinite period. Partial or complete recovery was not expected and continued care at "A" or "B" home was needed or of the fourteen non-institutionalized patients, admission to the "A" or "B" home was still advisable.

7. Four patients of the total number studied had fair prognoses, indicating that there might be a need for nursing home care for an indefinite period.

In connection with the increase in the number of chronically ill, especially the aged who were chronically ill and the need for nursing home care, the question of what happened to the patient until adequate nursing home care could be obtained presented itself more forcefully. The answer to this question was only implied. There were no statistics from which could be drawn any infallible conclusions. Suppositions could only be made. From the observations of staff members of the agencies contacted and the contents of the records of the patients studied. The case illustrations in this study indicated that the possibility of general neglect and inadequate care and the possibility of poor physical response to care which was given in present inadequate living quarters were very real dangers. The case illustrations also indicated the need for a very inclusive and extensive educational program regarding the needs and the care of the chronically ill -- especially the aged who were chronically ill.

Dr. Theodore G. Klumpp said,

> We have not even begun to think seriously about the sociological and public health aspects of old age and the chronic diseases. Neither medicine, nor industry, nor the state, has any carefully thought out program of what to do about the least population of older persons that is rising in our midst... Our search has not scratched the surface of such problems as hear disease and coronary thrombosis, nephritis, arthritis and cancer. We know more about the planet Mars than we know about the pathogenesis of arteriosclerosis which is probably the least common denomination of most of the disabilities of the aging process.[19]

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[19]Theodore G. Klumpp, "Problems of an Aging Population -- Care of the Aged and Chronically Ill," American Journal of Public Health, (February, 1947), p. 156.

This study suggested possibilities of further inquiry as to specific facts and figures regarding the need for nursing home care for the Old Age Assistance recipients or those recipients who were classified as being permanently and totally disabled and known to the Fulton County Department of Welfare.

The sample of cases which was included in this study was only an indication of the problems met and showed that the need did exist but it by no means gave a clue as to the extent of the problem within these two categories. Twenty-three patients studied were receiving Aid to the Permanently and Totally Disabled. Consideration should be given to a study of the need for nursing home care for persons in these two catagorical groups. The vast volume of work involved in such a study and the need for time and trained persons to do the study, should also be considered.

The problem was too extensive and too deep to consider that this survey could be expected to do more than establish interest in or substantial awareness of the extent of the need for nursing home care to such a degree that larger studies under the sponsorship of one or more agencies might be initiated. It was necessary to agree with Dr. Russell Oppenheimer, Professor of Clinical Medicine at Grady Hospital when he stated that a survey of this kind would be of great value in establishing interest in the need but it would be only a small beginning in doing something about what appeared to be a big problem. He stated, as the writer agreed, that this study did not reach the

many people who were not known to the agencies contacted for the study. He suggested that it would be of interest to know what the facts were as to the care needed for this rather large portion of our population.[20]

As of May, 1953 there was a total of 22,689 persons sixty-five years and over. Of this number seven hundred and sixty-two persons were in eight private nursing homes. Other statistics indicated that in 1950 there were 8,211 non-white persons over sixty-five years of age in Atlanta. The question of the possibility of a need for nursing home care for others in the population is outstanding. The figures which indicated the fact that there were only one hundred non-white persons with a need for nursing home service being cared for in the two available facilities were of significance.

Man's life span is increasing. What are our plans for his later years with their accompaning illnesses?

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[20]Interview with Dr. Russell Oppenheimer (Grady Hospital, Atlanta, Georgia, February 15, 1954).

APPENDIX

A SURVEY OF NURSING HOME SERVICE FOR NEGROES

AGENCY _____ Date _____

I. Patient or Client #_____ Date of Birth _____
(Number will correspond with a name in a separate file)

Birthplace _____ Sex ___ Length of time in___
City _____
Religion _____ State _____
(patient and family

II. Income and Employment of (client

Name	Relationship	Occupation	Earnings Week	Earnings Month

Source of other family income _____

III. Current Living Arrangements
A. Hospitalized _____
1. Date of Admission _____
2. Date of Referral to Social Service _____
3. Source of Referral _____

B. Institutionalized _____
1. Date of Admission _____
2. Source of Referral _____
3. Reasons for referral _____

C. Lives with Family _____ Alone _____
1. Family Composition

Name	Sex	Relationship to Patient or Client	Birthdate
1.			
2.			
3.			
4.			
5.			
6.			

2. Does patient or client attent clinic___ Which___

3. Housing Data:
(Check one) House ____ Apartment__ Furnished Room__
Number of rooms ____ Rent
Toilet facilities __ Weekly_____
Floor _____ Monthly ___

Remarks regarding conditions _____
_____

IV. Physical Condition
A. Diagnosis
1._____
2. _____
3. _____

B. Prognosis (Indicate one)
1. Good
(a) Full recovery expected _____
(b) Partial recovery expected ____

2. Fair _____
(A small amount of improvement may be expected)

3. Poor _____
(Patient is chronically ill, no improvement may be expected)

C. Ambulation (Check one for each number)
1. Walks alone _____ With assistance _____
2. Can climb a short flight of stairs ___ (answer "yes" or "no")
3. Uses cane ___ crutches ___
Wheel chair _____
4. Is chairfast _____ Bedridden _____
5. Is continent _____ Incontinent: partially____
totally _____
6. Dresses himself with assistance ___ without assistance ___

D. Other care (check one for each number)
1. Feeds himself with assistance ___ Without assistance__
2. Bathes without assistance __ With assistance ____

E. Who gives client assistance
(This applies to persons not hospitalized or institutionalized)
1._____ 3._____
2._____ 4._____

List special difficulties in caring for patient or client, for example, if client lives alone are there relatives, who live nearby, who give care but

find it difficult? State why _____

F. Other interested agencies

Date	Family member	Name of agency
1.		
2.		
3.		
4.		
5.		

G. Significant reasons for needing nursing home care _____

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